

APPENDIX 5 HEALTHCHECK PERIODICITY TABLE

Department of Health and Social Services
Division of Health

HealthCheck should begin with a neonatal examination at birth whenever possible.

Recipients are limited, based on their age, to the following number of comprehensive screenings for a consecutive twelve month period:

- Birth to one year, 6 screenings
- Age one to two years, 3 screenings
- Age two to three years, 2 screenings
- Age three to twenty-one years, 1 screening/year

When medically necessary, additional visits may be billed as interperiodic visits.

I. Health Nutritional & Developmental Assessment	AGE	INFANCY						EARLY CHILDHOOD						LATE CHILDHOOD						ADOLESCENCE			
		By 1 mo.	2 mos.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	24 mos.	30 mos.	3 yrs.	4 yrs.	5 yrs.	6-7 yrs.	8-9 yrs.	10-11 yrs.	12-13 yrs.	14-15 yrs.	16-17 yrs.	18-19 yrs.	20-21 yrs.	
A. HISTORY	2	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
B. DEVEL/BEHAV ASSESSMENT	3	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
C. HEALTH EDUCATION/ ANTICIPATORY GUIDANCE	4	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
II. Physical Assessment																							
A. MEASUREMENTS Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Head Circumference		●	●	●	●	●	●	●	●	●													
Blood Pressure											●	●	●	●	●	●	●	●	●	●	●	●	
B. UNCLOTHED PHYSICAL EXAMINATION		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
C. SENSORY SCREENING Vision		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Hearing	5	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●		●				
D. DENTAL	6										●	●	●	●	●	●	●	●	●	●	●	●	
III. PROCEDURES																							
DPT	7		●	●	●				●					●									
OPV			●	●					●					●									
MMR								●						●									
HbCV			●	●	●			●															
Td	8																		●				
Hematocrit/Hemoglobin	9					●				●	●	●	●	●	●	●	●	●	●	●	●	●	
Blood Lead (Verbal Assessment)	10					●				●		●	●	●									
Pap Smear/Pelvic HIV/Sickle Dex	11																						
Tuberculin Test	12																						
Urinalysis	13																						

Key: ● = to be performed

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time. This is especially important for children between the ages of 2 and 3.

2. Health history to include nutritional assessment.

3. By history and appropriate physical examination; if suspicious, by specific objective developmental testing.

4. Assessment of parent/child interaction and appropriate discussion and counseling should be an integral part of each visit for care.

5. Screen at birth through age 2 using both methods outlined in Appendices 14 and 14a. Children failing either screening method should be referred for audiologic assessment.

Administer puretone audiometric screening as follows: Usually to all children 3-8 years old and at 4

year intervals thereafter up to age 16; to any child older than 8 who is receiving HealthCheck screening for the first time or has excessive noise exposure, delayed speech & language development.

6. For children under 3 years, question parents about problematic thumb sucking, lip biting, caries, tongue thrusting, non-erupted teeth, extra teeth, extended use of pacifier or bottle feeding practices. All children age 3 or older must be referred to a dentist, with subsequent or earlier exams as deemed medically necessary. (For this age group, six month dental check-ups are a covered benefit.)

7. These may be modified, depending on entry point into schedule and individual need.

8. Recommended by the Food and Drug Administration, Centers for Disease Control and American Academy of Pediatrics at two, four, and six months in addition to 15 months.

9. Present medical evidence suggests the need for reevaluation of the frequency and timing of hemoglobin or hematocrit tests. One determination is therefore suggested during each time period. Performance of additional tests is left to the individual practice experience.

10. Lead verbal assessment to be done at each visit between the ages of nine months through 5 years. Blood lead testing as per chart in Appendix 13b.

11. As clinically indicated.

12. For low risk groups, the Committee on Infectious Diseases recommends the following options: 1) no routine testing or 2) testing at three times - infancy, preschool, and adolescence. For high risk groups, annual TB skin testing is recommended.

13. The frequency and timing of urinalysis is left to the individual practice experience.